



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 48 Stillwater			District: 0846 Park City Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
5	1602	No	ADAMS, LISA & JOHN	5.35	_____
5	1603	No	BLAIR, PATRICIA	4.50	_____



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Date			Signature, Chair, Board of Trustees		
County: 48 Stillwater			District: 0850 Reed Point Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
9-9	1604	No	BOOTH, DIANNE	0.25	_____
9-9	1605	No	BELVIN, IRENE	3.50	_____
9-9	1606	No	LEMAIRE, JULIA	5.00	_____



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Date			Signature, Chair, Board of Trustees			
County: 48 Stillwater			District: 0851 Reed Point H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
9-9	1607	No	OTT, DAVID & GAYLE		1.50	



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County: 48 Stillwater			District: 0858 Rapelje Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
32	1601	No	HERZOG, KIM		5.50	